MONTANA STATE HOSPITAL
POLICY AND PROCEDURE

EMPLOYEE ACCESS TO PROTECTED HEALTH INFORMATION

Effective Date: June 6, 2003 **Policy #:** HI-14

I. PURPOSE: This policy addresses MSH employee access to various levels of Protected Health Information (PHI) as necessary to conduct their work.

II. POLICY: MSH employees will be granted access to the level of PHI that is necessary for them to accomplish their work.

III. DEFINITIONS:

A. Sensitivity Level 1: This information of a general nature regarding the characteristics of the population served by a program. Data is presented in such a way that individual clients cannot be identified from analysis of the information. Basically, Level 1 information represents data summary type information rather than client specific data. Examples include:

1. Population characteristics such as the average length of stay, commitment types, average age of clients, geographic distribution.

B. Sensitivity Level 2: This is the client demographic and basic service information. Generally, Level 2 demographic information is program specific and is limited to information necessary to identify an individual. Examples include:

1. Name, address, and phone number;
2. Date of birth;
3. Social Security Number or other identification number; and
4. Location in facility

Level 2 information is considered "Confidential" because an individual has or is receiving services.

C. Sensitivity Level 3: Information at this level is detailed information about an individual client's personal background or previous and present services provided by MSH. Level 3 data is considered "sensitive." If improperly used, serious damage could occur to the individual or family concerned. Examples of Level 3 information would include:

a. Medical status and history including past and present conditions or illnesses;

b. Specifics of medical diagnosis or tests;
c. Treatment plans;
d. Family background;
e. Child support requirements and status, if appropriate;
f. Financial status; and
g. Specific information relative to the services provided by MSH/DPHHS.

IV. RESPONSIBILITIES:

A. The Director of Information Resources is the designated MSH Privacy Officer and determines which employees, if any, require access to PHI in order to do their work and documents sensitivity levels for all employees. The Privacy Officer will also work with the Human Resources Office to ensure access sensitivity levels are written into position descriptions (as they are updated) for future reference and for review by HIPAA enforcement agencies.

B. Employees will receive HIPAA training regarding PHI commensurate with their level of access. Employees will be held accountable for their level of access, and uses and disclosures outside of that level will be considered grounds for potential sanctions (see MSH Policy – HI-15, Employee Sanctions for Releases of PHI).

C. Staff Development will document dates of HIPAA training and communicate the training roster to the MSH Privacy Officer, who will then notify the DPHHS Privacy Officer.

D. The on-site DPHHS network supervisor will work with the MSH Privacy Officer to ensure appropriate computer access for employees.

V. PROCEDURE:

A. Each employee of MSH will have a security sensitively level assigned to him or her. The employee will have HIPAA training during new employee orientation and yearly thereafter.

B. Employees will complete a training questionnaire during training. A copy of each employee's questionnaire with date of training and employee's signature will be maintained by the MSH Privacy Officer.

C. The original questionnaire will be routed to the DPHHS Privacy Officer.

a. Yearly training will follow established procedures.
b. Completed and signed CE documentation will demonstrate that training has been fulfilled on a yearly basis.

VI. REFERENCES: Health Insurance Portability and Accountability Act (HIPAA) privacy rules; DPHHS Policy 013 titled HIPAA Privacy Policy.

VII. COLLABORATED WITH: HIPAA Committee, DPHHS Privacy Officer

VIII. RESCISSIONS: None, new policy

IX. DISTRIBUTION: All hospital policy manuals

X. REVIEW AND REISSUE DATE: June 2006

XI. FOLLOW-UP RESPONSIBILITY: MSH Privacy Officer

XII. ATTACHMENTS: None

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Ed Amberg Date	Billie Holmlund Date
Hospital Administrator	Director of Information Resources